

03-10-05

CFP 653/B

## AMENDMENT TRANSMITTAL LETTER

Docket No.

YAI-002

Application No.  
09/847946-Conf. #6173Filing Date  
May 2, 2001Examiner  
A. U. DesaiArt Unit  
1653Applicant(s): Michael J. MAY *et al.*

Invention: ANTI-INFLAMMATORY COMPOUNDS AND USES THEREOF

## TO THE COMMISSIONER FOR PATENTS

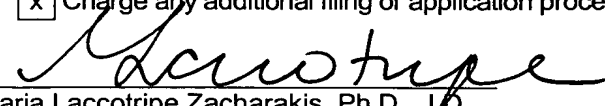
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =		x	
Independent Claims	4	- 3 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					225.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					325.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☒ Please charge Deposit Account No. 12-0080 in the amount of \$ 325.00

A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-0080 as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Maria Laccotripe Zacharakis, Ph.D., J.D.  
Attorney Reg. No.: 56,266

Dated: March 7, 2005

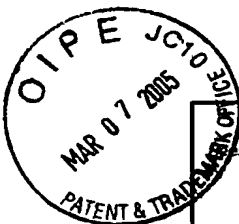
LAHIVE & COCKFIELD, LLP  
28 State Street  
Boston, Massachusetts 02109  
(617) 227-7400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV608867098US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 7, 2005

Signature: 

(Maria Laccotripe Zacharakis, Ph.D., J.D.)



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/847946-Conf. #6173
		Filing Date	May 2, 2001
		First Named Inventor	Michael J. MAY
		Examiner Name	A. U. Desai
		Art Unit	1653
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	YAI-002	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 325.00		

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 12-0080      Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

11      - 20 =      x      =      **Fee (\$)**      **Fee Paid (\$)**

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

4      - 3 =      1      x      100      =      100

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

- 100 =      /50      (round up to a whole number) x      =

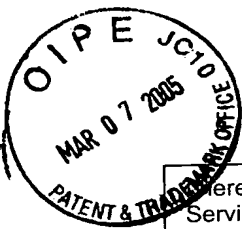
**4. OTHER FEE(S)**      **Fees Paid (\$)**

Other (e.g., late filing surcharge): 2252 Extension for response within second month      225.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	56,266
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.	Telephone	(617) 227-7400
		Date	March 7, 2005

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Dated: March 7, 2005      Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)



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Dated: March 7, 2005

Signature: *M. Laccotripe*

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

Docket No.: YAI-002  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Michael J. May *et al.*

Application No.: 09/847946

Art Unit: 1653

Filed: May 2, 2001

Examiner: A. U. Desai

For: ANTI-INFLAMMATORY COMPOUNDS AND  
USES THEREOF

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

This communication is in response to the non-final Office Action dated October 5, 2004. A request for the appropriate extension of time in which to respond is being filed herewith.

**Amendments to the Claims** are reflected in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

03/14/2005 JBALINAN 00000062 120080 09847946

01 FC:2201 100.00 DA